	А	В	С	D	
1	~ O T	TEDMON	TT		
2	VERMONT				
3	1, 212,101,1				
4	Change Request for Default Accounting Codes				
5					
6	Form To be Cor	Form To be Completed by the Business Manager:			
7	Business Manager Name:		Contact Number:		
8					
9	Date of Request:		Effective Date:		
10			Pay group:		
11	Government Unit Code Defaults				
12					
13	*Govt Unit	Dept ID	Fund	Program	
14					
15					
16					
17					
18					
19					
20					
21	*Complete only if you want to change the current fund, if this is a request for a new GU payroll will assign new unit number				
23	Complete only if you w	Fund Splits Defaults			
24	i una opina berauta				
25	Govt Unit	Fund	Percentage		
26	GOVE OTHE	I unu	reicentage		
27					
28					
29					
30					
31					
32					
33	* Insert Rows as needed				
34	Email Completed Form to:				
35	Penny.Walker@state.vt.us and Joanne.Cyr@state.vt.us				
36	*****NOTICE *****				
37	This form should be submitted via Email before the close of each payperiod if you wish to make changes to the default codes				
38	Internal Payroll Use only:				
39	Date Change Po	osted:	Pay Date Effective	:	
40					